



Pay it Right! Protecting Medicare from Fraud

Read this brochure to learn:

- ◆ **What you can do to watch over Medicare spending**
- ◆ **How you can identify and report errors and concerns**
- ◆ **What to do if you suspect Medicare fraud**



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This booklet tells you about Medicare fraud. It is not a legal document. The official Medicare provisions are contained in relevant laws, regulations and rulings.

Introduction

Most doctors and health care providers who work with Medicare are honest. There are a few who are not honest. Medicare is working very hard with other government agencies to protect the Medicare program.

Medicare fraud takes a lot of money every year from the Medicare program. Beneficiaries pay for it with higher premiums. Fraud schemes may be carried out by individuals, companies, or groups of individuals.

Most beneficiaries get health care from honest, caring physicians and other providers. This brochure explains how you can help Medicare to “pay it right,” and watch over Medicare spending.

What is “Pay it Right?”

Pay it right means paying the right amount to the right person for the right service at the right time for the right beneficiary.

What is Fraud?

Medicare fraud is purposefully billing Medicare for services you never received.



Some examples of Medicare fraud:

- Billing Medicare or another insurer for services or items you never got.
- Billing Medicare for services or equipment which are different from what you got.
- Use of another person’s Medicare card to get medical care, supplies or equipment.
- Billing Medicare for home medical equipment after it has been returned.

What you can do to watch over spending in Medicare

When you get health care in the Original Medicare Plan, you receive an Explanation of Medicare Benefits (EOMB) or a Medicare Summary Notice (MSN) from a company that handles bills for Medicare. A Fiscal Intermediary handles your Medicare Part A bills. A Medicare Carrier handles your Medicare Part B bills. The notice shows what was charged for services or supplies and how much Medicare paid.

You should check the notice to make sure that you got the services and supplies that are listed. If you see something you did not get, or do not understand, you should first call your doctor, hospital, or other provider. The bill may be correct, and the person you speak to may help you to better understand the services or supplies you got. Other times, a simple billing error will be found which can be corrected. This helps both you and the Medicare program. There may be rare times when you will suspect fraud.

You can help protect Medicare by:

- Reviewing your EOMB or MSN each time you get it, and asking questions about any items that you don't understand.
- Learning more about what Medicare will, and will not, pay for. You will find this information in *Medicare & You*. If you do not have a copy, you can call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) and ask for a copy. You can read or print a copy at www.medicare.gov on the Internet.
- Making sure Medicare was not billed for health care services or medical supplies and equipment you did not get.
- Not giving your Medicare number (on your Medicare card) to anyone, except your doctor or other Medicare health professionals. You should not send these numbers over the Internet.

What you can do to watch over spending in Medicare (continued)

Use the 3 Step approach if you suspect fraud:

1. Call your health care provider
2. Call your Medicare Carrier or Fiscal Intermediary
3. Call the Inspector General's hotline

How to report errors and concerns:

If you see a charge on your payment notice that may be wrong, call your doctor, hospital, or other provider and ask about it. Many times an error has been made in billing, and can be corrected.

If you are not satisfied after speaking to the provider, you should call or write the Medicare Carrier or Fiscal Intermediary that sent you the payment notice. Their name, address, and phone number is printed on the front of the notice.

You can also call the Inspector General's hotline to report suspected Medicare fraud. The hotline number is 1-800-HHS-TIPS (1-800-447-8477). Or, you can send a note to htips@os.dhhs.gov by e-mail. Medicare will not use your name if you ask that it not be used.

Before you call the provider, the Fiscal Intermediary, the Medicare Carrier, or the Inspector General's hotline, carefully review the facts, and have the following information ready:

1. The provider's name and any identifying number you may have.
2. The service or item you are questioning.
3. The date the service or item was supposedly given or delivered.
4. The payment amount approved and paid by Medicare.
5. The date on your Explanation of Medicare Benefits or Medicare Summary Notice.
6. Your name and Medicare number (as listed on your Medicare card).
7. The reason you think Medicare should not have paid.
8. Any other information you may have showing why Medicare should not have paid for a service or item.



If your suspicion turns out to be fraud, you may get a reward of up to \$1,000.

The following conditions must be met:

- You report Medicare fraud,

AND
- Your report leads directly to the recovery of at least \$100 of Medicare money,

AND
- The fraud and abuse you report is not already being investigated.

If you want to know more about this program, call your Medicare Carrier or Fiscal Intermediary. Their telephone numbers are in the *Medicare & You* handbook. Or, you can call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired), or look at Helpful Contacts at www.medicare.gov on the Internet.

What might make you suspect fraud

You should be suspicious if the provider tells you that:

- The test is free; they only need your Medicare number for their records.
- Medicare wants you to have the item or service.
- They know how to get Medicare to pay for it.
- The more tests they provide, the cheaper they are.
- The equipment or service is free; it won't cost you anything.

**What might make you
suspect fraud
(continued)**

Be suspicious of providers that:

- Do not charge copayments without checking on your ability to pay.
- Advertise “free” consultations to Medicare beneficiaries.
- Claim they represent Medicare.
- Use pressure or scare tactics to sell you high priced medical services or diagnostic tests.
- Bill Medicare for services you did not get.
- Use telemarketing and door-to-door selling as marketing tools.
- Offer non-medical transportation or housekeeping as Medicare approved services.
- Put the wrong diagnosis on the claim so Medicare will pay.
- Bill home health services for patients who are not confined to their home, or for Medicare patients who still drive a car.
- Bill Medicare for medical equipment for beneficiaries in a nursing home.
- Ask you to contact your doctor and ask for a service or supplies that you do not need.
- Bill Medicare for tests you received as a hospital inpatient or within 72 hours of admission or discharge.

Prevention Tips

To help protect Medicare, you should report all suspected instances of fraud. Remember, whenever you get a payment notice from Medicare, review it for errors. The notice shows what Medicare was billed for, what Medicare paid, and what (if anything) you owe. Make sure Medicare was not billed for health care services or medical supplies and equipment you did not get.



The following is a list of tips to prevent fraud:

- Do not give your Medicare or Medicaid number over the telephone or to people you do not know, except to your doctor or other Medicare provider.
- Do not allow anyone, except appropriate medical professionals, to review your medical records or recommend services.
- Avoid a provider of health care services or items who tells you that the service or item is not usually covered, but they know how to bill Medicare to get it paid.
- Do not ask your doctor to make false entries on certificates, bills, or records in order to get Medicare to pay.
- Beware of health care providers and suppliers that use telephone calls and door-to-door selling as a way to sell you goods or services.
- Be suspicious of companies that offer free medical equipment or offer to waive your copayment without first asking about your ability to pay.
- Beware of health care providers who say they represent Medicare or a branch of the federal government, or providers who use pressure tactics to get you to accept a service or product.

**Prevention Tips
(continued)**

Health care fraud and abuse should be reported, whether it is against Medicare or private insurers. It increases everyone's health care costs, much the same as shoplifting increases the costs of food and clothing. To protect you and Medicare, we must work together to reduce costs.

With help from the honest health care providers, law enforcement, and you, Medicare is doing a better job of paying it right. Some dishonest providers have gone to jail or have left the Medicare program. These actions are saving money for taxpayers and protecting Medicare for the future.

**What else you should
know about fraud**

The U.S. Administration on Aging has programs in many communities that train volunteers to detect and report fraud. Information on these programs can be found at www.aoa.gov on the Internet. If you do not have a computer, your local library or senior center may be able to help you get this information using their computer.

For more information:

Call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired).

A customer service representative can answer your questions between 8:00 a.m. and 4:30 p.m., Monday through Friday.

You can also use this number 24 hours a day, 7 days a week to order Medicare publications, detailed information about the Medicare managed care plans in your area, including health plan quality and customer satisfaction information, and listen to recorded questions and answers on topics such as Medicare health plan choices and health plan quality information.

NOTES

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